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Bib Data Sheet

CONFIRMATION NO. 5663

SERIAL NUMBER 10/721,007	FILING DATE 11/21/2003 RULE	CLASS 435	GROUP ART UNIT 1653	ATTORNEY DOCKET NO. 16696-10
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APPLICANTS

Guido Di Napoli, Collonge-Bellerive, SWITZERLAND;

** CONTINUING DATA *****

This application is a DIV of 09/818,213 03/27/2001 PAT 6,677,304 SS

** FOREIGN APPLICATIONS *****

SWITZERLAND 2000 0694/00 04/07/2000 SS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/20/2004

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	SWITZERLAND	DRAWING 0	9	2
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

Clifford W. Browning
 Woodard, Emhardt et al. LLP
 Bank One Center/Tower
 111 Monument Circle, Suite 3700
 Indianapolis , IN
 46204-5137

TITLE

Ophthalmic formulations

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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